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**DEC 21 2004**

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REQUEST ADVANCEMENT OF EXAMINATION  
IN ACCORDANCE WITH 37 C.F.R. 1.10, 2. para. C

The following is submitted in support of this request.  
a. birth certificate

**BEST AVAILABLE COPY**

## STATE OF FLORIDA

## OFFICE OF VITAL STATISTICS

## CERTIFIED COPY

WRITE IN PENCIL WITH UNFADING INK—THIS IS A FINAL RECORD  
 N. B.—In case of death of a child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		FLORIDA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH	
County	Polk	City or Town	Polk	State File No.	220982	Registered No.	37-584
Product	AMENDED	Product No.	37-11	City or Town No.	37-584	Registered No.	37-584
1. Full name of child	DeKay	2. Full name of child	DeKay	3. Sex	Male	4. Date of birth	12-29-1929
5. Full name of father	DeKay	6. Full name of mother	DeKay	7. Length at birth	48 in.	8. Weight at birth	12 lbs.
9. Full name of father	DeKay	10. Full name of mother	DeKay	11. Color of hair	Black	12. Age at last birthday	27
13. Birthplace (city or place)	Monticello	14. Birthplace (city or place)	Monticello	15. Trade, profession, or occupation	Farmer	16. Trade, profession, or occupation	Farmer
17. Number of children of this mother	4	18. Number of children of this mother	4	19. Date (month and year) last reported in this report	2-1-30	20. Date (month and year) last reported in this report	2-1-30
21. I hereby certify that I attended the birth of this child, who was	born alive and was living	22. I hereby certify that I attended the birth of this child, who was	born alive and was living	23. I hereby certify that I attended the birth of this child, who was	born alive and was living	24. I hereby certify that I attended the birth of this child, who was	born alive and was living
25. Given name added from a supplemental report		26. Given name added from a supplemental report		27. Given name added from a supplemental report		28. Given name added from a supplemental report	
29. Address	Polk	30. Address	Polk	31. Address	Polk	32. Address	Polk
33. Address	Polk	34. Address	Polk	35. Address	Polk	36. Address	Polk

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

JUN 8 2001

State Registrar

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FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1264 (10/93)

CERTIFICATION OF VITAL RECORD

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